## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Apr 27, 2001 8:00 am Secretary of State DOCUMENT # **P94000087502** 1. Entity Name HOOK HOLDING CORPORATION 4-27-2001 90343 004 \*\*\*150.00 Principal Place of Business Mailing Address 4320 GANDY BLVD. P.O. BOX 18431 TAMPA FL 33679-8431 **TAMPA FL 33611** 2. Principal Place of Business 3. Mailing Address DALE MARKY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3283341 Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Г Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOOK, J. SHELTON Street Address (P.O. Box Number is Not Acceptable) 19610 GULF BLVD. APT. 115 INDIAN SHORES FL City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CATS FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (Sec criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CRZE034 (10/00) Addition ☐ Delete THUE TITLE HOOK, SHELTON J. NAME NAME 19610 GULF BLVD APT 115 STREET ADDRESS STREET ADDRESS INDIAN SHORES FL CITY-ST-ZIP CITY-ST-ZIP ۷P Addition TITLE Change TITLE Delete HOOK JR. SHELDON J NAME NAME 2111 LAINDALE PLACE STREET ADDRESS STREET ADDRESS CITY-ST-7:P CITY-ST-ZIP VALRICO FL 33594 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP Change | ☐ Addition ☐ Delete TITLE TITLE NAME NAME. STREET ADDRESS STREE: ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete Total F TITILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change Addition ☐ Dalete 31718 THLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

CITY-ST-ZIP